

CD Director or Field Services Coordinator

AFFORDABLE HOUSING FEE REBATE PROGRAM APPLICATION FOR REBATE

Date

Name of Applicant:					
Address of Applicant:					
Tax ID # or Social Security#: Telephone #:					
Address of Affordable Housing: PIN#:					
SALE ONLY			RENTAL ONLY		
Date of Sale:			Completion Date:		
Sale Price: 1\$			Name of Assistance Program: ¹		
Building Permit #:					
DATE FEE AMOUNT PAID ²					
	DATE		Permit Fee	AMOUNT FAID	
			y Permit Fee		
			Permit Fee		
	Zoning		Permit Fee		
	Water Aut		hority Tap Fee		
			acility Fee		
	Other Fees		er Fees		
Attach required documentation: 1. For property sold: Copy of Closing Statement (HUD-1 or equivalent) For rental property: Evidence of local, state or federal assistance 2. Copy of receipt(s) for fees paid. The undersigned certifies that this application and attached documentation are true, accurate and					
complete been or immediate required	te; that the sale will be received ate family meml	price represents the by the seller in cober or business ass	ne full market value of the full market value of the sale consociate of the seller; and	the home; that no other payments of the home; that the purchaser is red that the rents for any units rented and that the households at or below 8	have not an ed are
Signature of Applicant:				Date:	
This application and attached documentation have been reviewed and are hereby approved for an Affordable Housing Fee Rebate in the amount of : \$					